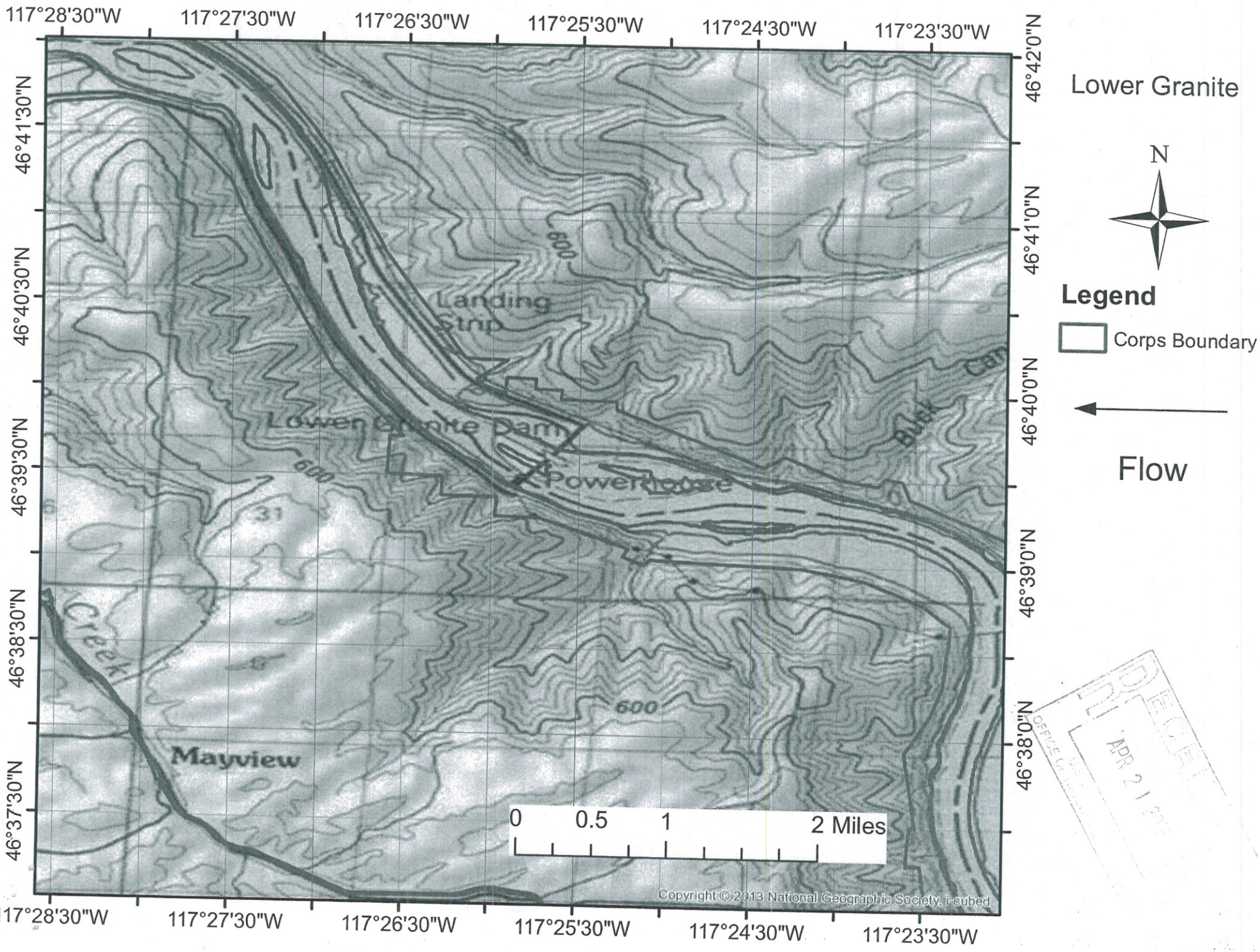
CPermit Application Review Checklist

Part (1) Application Receipt and Registration *To be completed by the Permit Clerk*	
Facility Name: Lower Granite Lock and Dam	
Permit Number:	
Date Reminder Letter Sent for Additional Information:	None
Date of Postmark on Application Submittal :	4/21/2015
Date Application is Received in OWW: **Note**: Application transmittal letter and the first three pages of the application are to be copied. The original transmittal letter, the first three pages of the application, and the envelope /package /email it was received in or attached to, are to be filed in the permit file (For bulky mailing packages, it will suffice to cut out the portion of the mailing label with the address and postmarked date.) If no file exists, a file is to be created. The copied version of the transmittal letter and the copied version of the first three pages of the application along with the rest of the original application and this check-list are to be routed.	4/21/2015 ----------
Date application package and Checklist are routed to Review Coordinator:	5/4/2015
Date Application Information logged into E-database:	5/4/2015
Permit Clerk Sign off & Date: Audrey Washington	5/4/2015
Part (2) Application Review for Timeliness & Completeness *To be completed by Review Coordinator*	
Permit Writer of the Month (name): John Abbotts	
A. If Application is determined to be Timely and Complete: 1) Date Determination letter sent to Applicant: 2) **Go to C**. below	
B. If Application is determined to be Incomplete:	

1. Date Incomplete letter sent to Applicant: 2. Date additional information is due to R10: 3. Date additional information is received: 4. Date Application is determined complete: 5. Date Timely & Complete letter sent to Applicant: 6. **Go to C** below	
C. Check for Industrial Storm water: 1. Is the facility an Industrial Facility? 2. A municipal discharger discharging greater than 1 MGD? Or 3. Has a required pretreatment program? If yes, check Industrial E-NOI Database to see if the facility has a MSGP. http://cfpub.epa.gov/npdes/stormwater/noi/noisearch.cfm 4. If facility does have a MSGP, include Note for Permit writer in the Comment Section (below) to alerting them to coordinate with Margaret McCauley on opportunities to consolidate the permits. --- **5.** Go to **E**	
D. If Application is submitted after the expiration date: 1. Date expiration letter sent to Applicant 2. Go to E below	
E. Date package is routed to NCU Database Manager: (**Note**: NCU Database Manager is to receive copies of <u>all</u> correspondence along with application and this checklist)	
Application Information logged into E-database	
Review Coordinator Sign off and Date	
<u>Part (3) ICIS/PCS Database Entry</u> *To be completed by NCU Database Manager*	
Date NCU Database Manager receives permit application package:	
Date NCU Database Manager gives application to Data Entry Staff:	

Data-entry Staff (name):	
Date permit information is entered into ICIS/PCS:	
Date permit information is returned to NCU Database Manager:	
Date application, letters and this Checklist are routed to Permit Clerk:	
Date Application Information logged into E-database:	
NCU Database Manager Sign off & Date	
Part (4) Final Filing of Application in Permit File *To be completed by Permit Clerk*	
Date Application, letters and checklist are filed in Permit File:	
Date final information on application review process entered into E-database:	
Permit Clerk Sign off & Date:	
Comment Section:	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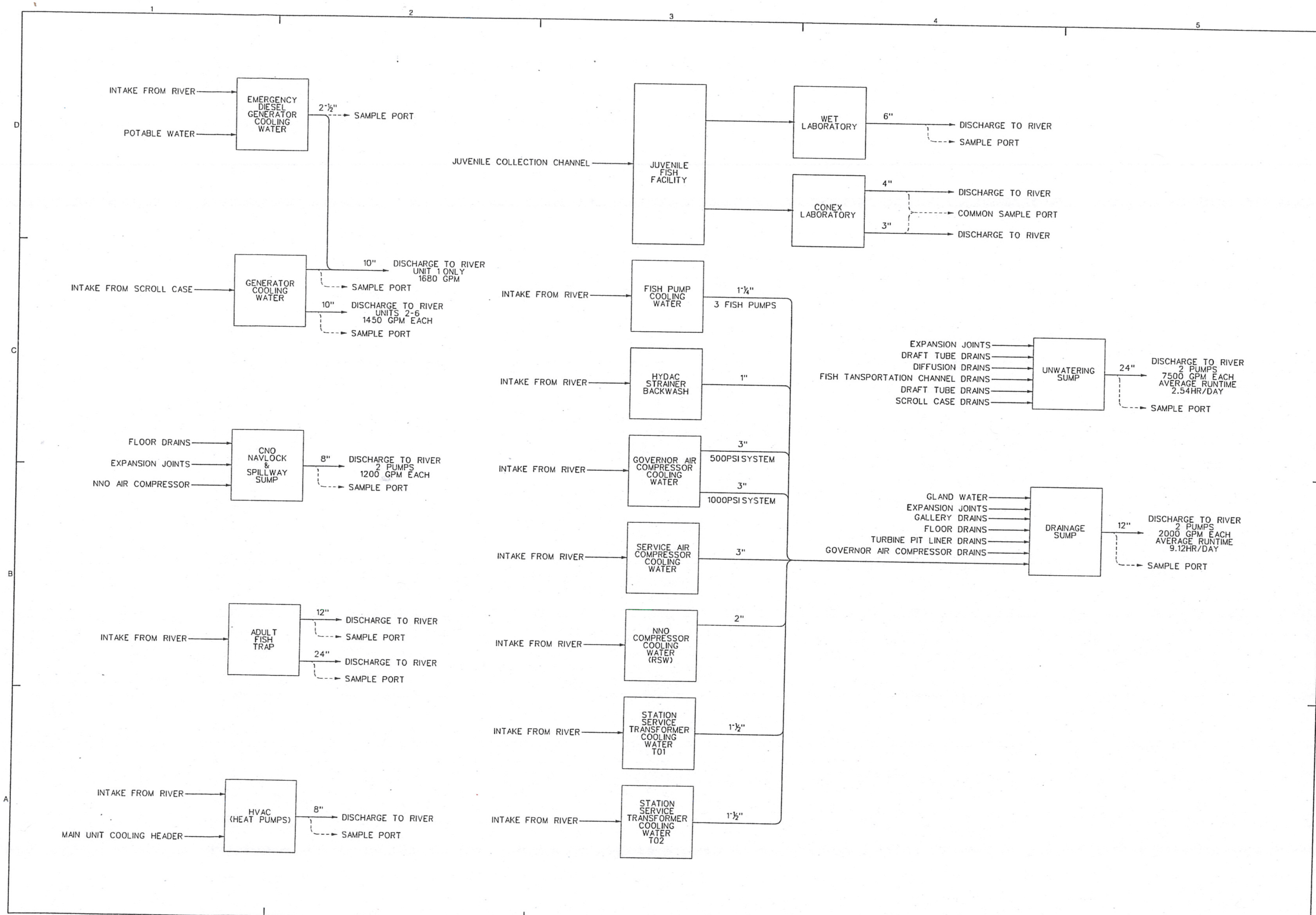
Lower Granite
N
Legend
Corps Boundary
Flow
Landing Strip
Lower Granite Dam
Powerhouse
600
Creek
Mayview
0 0.5 1 2 Miles
Copyright © 2013 National Geographic Society, i-cubed



US Army Corps of Engineers
Walla Walla District

U.S. ARMY ENGINEER DISTRICT
CORPS OF ENGINEERS
WALLA WALLA, WASHINGTON

LGRHD-14-006

LOWER GRANITE LOCK AND DAM
SNAKE RIVER OREGON, WASHINGTON AND IDAHO
NPDES PERMIT 2014
WATER OUTFALL
BLOCK DIAGRAM

Sheet number:
G-002
Sheet 2 of 3

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BORDER SIZE IS ANSI D

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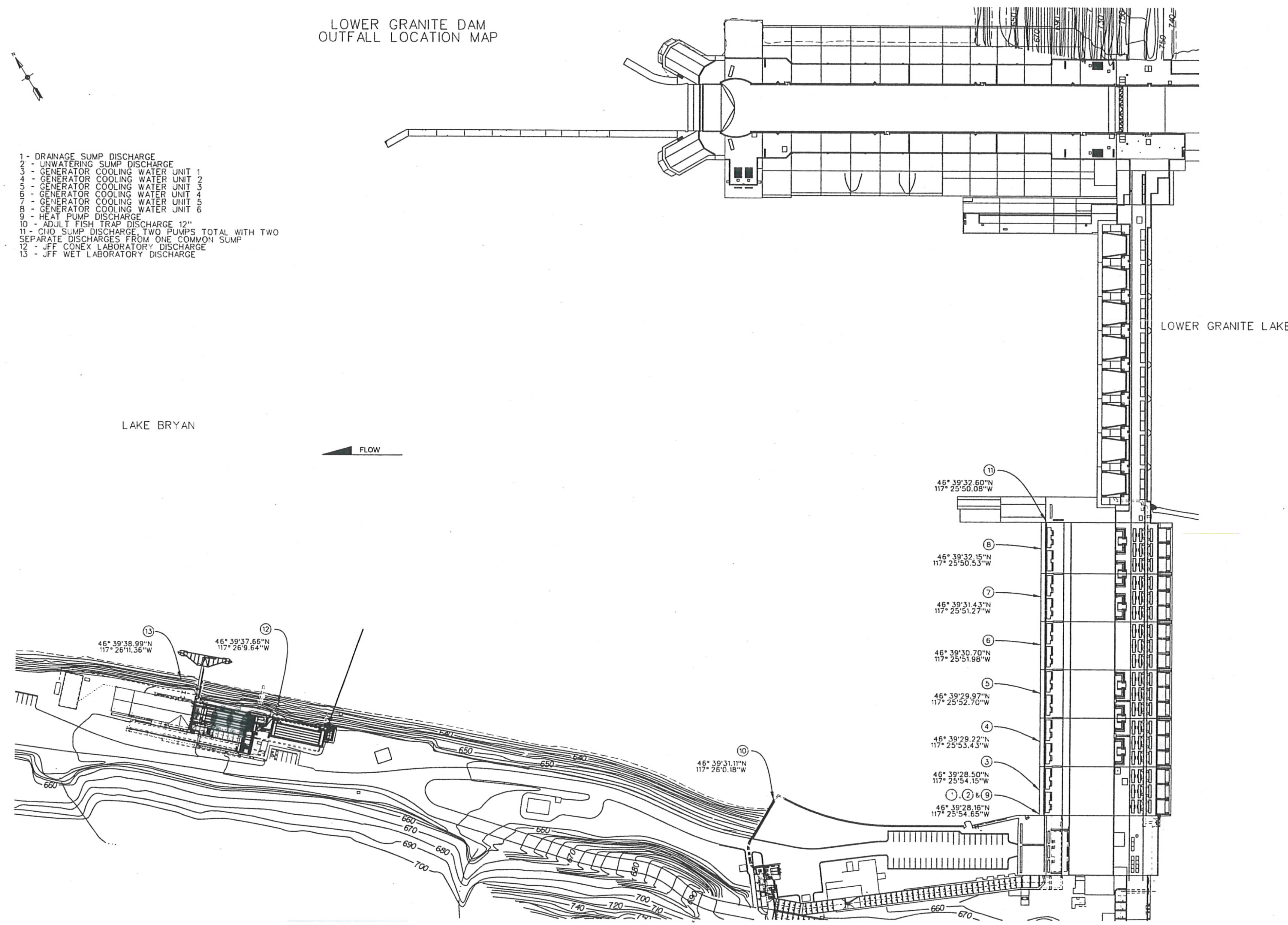
LGRHD-14-006.TIF

LOWER GRANITE DAM OUTFALL LOCATION MAP

1 - DRAINAGE SUMP DISCHARGE
2 - UNWATERING SUMP DISCHARGE
3 - GENERATOR COOLING WATER UNIT 1
4 - GENERATOR COOLING WATER UNIT 2
5 - GENERATOR COOLING WATER UNIT 3
6 - GENERATOR COOLING WATER UNIT 4
7 - GENERATOR COOLING WATER UNIT 5
8 - GENERATOR COOLING WATER UNIT 6
9 - HEAT PUMP DISCHARGE
10 - ADULT FISH TRAP DISCHARGE 12"
11 - CNO SUMP DISCHARGE, TWO PUMPS TOTAL WITH TWO SEPARATE DISCHARGES FROM ONE COMMON SUMP
12 - JFF CONEX LABORATORY DISCHARGE
13 - JFF WET LABORATORY DISCHARGE



US Army Corps of Engineers
Walla Walla District

Symbol	Description	Date	Approved
1	UPDATED DISCHARGE LOCATIONS	2/3/2015	

U.S. ARMY ENGINEER DISTRICT
CORPS OF ENGINEERS
WALLA WALLA, WASHINGTON

DESIGNED BY: | DATE: 7/2/14
DWN BY: MW | CHKED BY: CJS | SOLICITATION NO.
SUBMITTED BY: | CONTRACT NO.
CHIEF DES. SEC.
FILE NO.: LGRHD-14-005

LOWER GRANITE LOCK AND DAM
SNAKE RIVER, OREGON, WASHINGTON AND IDAHO
NPDES PERMIT 2014
OUTFALL LOCATION
OVERVIEW MAP

Sheet number:
G-001
Sheet 1 of 3

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Please print or type in the unshaded areas only.

FORM 1 GENERAL

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY
GENERAL INFORMATION
Consolidated Permits Program
(Read the "General Instructions" before starting.)

Form Approved. OMB No. 2040-0086.

I. EPA I.D. NUMBER

S		T/A	C
F			D
1	2 — 13	14	15

LABEL ITEMS	
I. EPA I.D. NUMBER	PLEASE PLACE LABEL IN THIS SPACE
III. FACILITY NAME	
V. FACILITY MAILING ADDRESS	
VI. FACILITY LOCATION	

GENERAL INSTRUCTIONS

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent *(the area to the left of the label space lists the information that should appear)*, please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI *(except VI-B which must be completed regardless)*. Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of **bold-faced terms.**

SPECIFIC QUESTIONS	YES	NO	FORM ATTACHED
A. Is this facility a **publicly owned treatment works** which results in a **discharge** to **waters of the U.S.**? (FORM 2A)	16	X 17	18
B. Does or will this facility *(either existing or proposed)* include a **concentrated animal feeding operation** or **aquatic animal production facility** which results in a **discharge** to **waters of the U.S.**? (FORM 2B)	19	X 20	21
C. Is this a facility which currently results in **discharges** to **waters of the U.S.** other than those described in A or B above? (~~FORM 2C~~) Form 2E	X 22	23	X 24
D. Is this a proposed facility *(other than those described in A or B above)* which will result in a **discharge** to **waters of the U.S.**? (FORM 2D)	25	X 26	27
E. Does or will this facility treat, store, or dispose of **hazardous wastes**? (FORM 3)	28	X 29	30
F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)	31	X 32	33
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)	34	X 35	36
H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)	37	X 38	39
I. Is this facility a proposed **stationary source** which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)	40	X 41	42
J. Is this facility a proposed **stationary source** which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an **attainment area**? (FORM 5)	43	X 44	45

III. NAME OF FACILITY

C 1 SKIP (15, 16 – 29, 30): Lower Granite Lock and Dam (69)

IV. FACILITY CONTACT

A. NAME & TITLE *(last, first, & title)*	B. PHONE *(area code & no.)*
C 2: Mendiola, Marty, Operations Manager (15, 16–45)	(509) 843-1493 (46–48, 49–51, 52–55)

V. FACILTY MAILING ADDRESS

A. STREET OR P.O. BOX
C 3: 885 Almota Ferry Rd (15, 16–45)

B. CITY OR TOWN
C 4: Pomeroy (15, 16–40)

C. STATE: WA (41–42)
D. ZIP CODE: 99347 (47–51)

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER
C 5: 885 Almota Ferry Rd (15, 16–45)

B. COUNTY NAME
Garfield (46–70)

C. CITY OR TOWN
C 6: Pomeroy (15, 16–40)

D. STATE: WA (41–42)
E. ZIP CODE: 99347 (47–51)
F. COUNTY CODE *(if known)* (52–54)

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EPA Form 3510-1 (8-90)

CONTINUE

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)

A. FIRST: 4911 (specify)

B. SECOND: N/A (specify)

C. THIRD: N/A (specify)

D. FOURTH: N/A (specify)

VIII. OPERATOR INFORMATION

A. NAME: US Army Corps of Engineers

B. Is the name listed in Item VIII-A also the owner? ☑ YES ☐ NO

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box: if "Other," specify.)
F = FEDERAL
S = STATE
P = PRIVATE
M = PUBLIC (other than federal or state)
O = OTHER (specify)
F (specify)

D. PHONE (area code & no.): (509) 843-1493

E. STREET OR P.O. BOX: 885 Almota Ferry Rd

F. CITY OR TOWN: Pmeroy

G. STATE: WA

H. ZIP CODE: 99347

IX. INDIAN LAND
Is the facility located on Indian lands? ☐ YES ☑ NO

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water): N WA-002211-0

B. UIC (Underground Injection of Fluids): U

C. RCRA (Hazardous Wastes): R

D. PSD (Air Emissions from Proposed Sources): P

E. OTHER (specify) (specify)

E. OTHER (specify) (specify)

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers, and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

This congressionally authorized project consists of Lower Granite Dam, navigation lock, powerhouse, a fish ladder and associated facilities. The project provides hydroelectric generation, navigation, recreation and incidental irrigation. The dam, located at the upstream end of Lake Bryan, is about 3,200 feet long with an effective height of 100 feet. The dam is a concrete gravity type, with an earthfill right abutment embankment. It includes a navigation lock with clear dimensions of 86 by 674 feet; and an eight-bay spillway that is 512 feet long, with eight 50-foot by 60.5-foot radial gates.

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APR 21 2015
U.S. EPA, REGION 10
OFFICE OF WATER AND WATERSHEDS

Please Sign & Return

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)
LTC Timothy R. Vail
District Commander

B. SIGNATURE

C. DATE SIGNED

COMMENTS FOR OFFICIAL USE ONLY

Please print or type in the unshaded areas only.

EPA ID Number (copy from Item 1 of Form 1)

Form Approved. OMB No. 2040-0086. Approval expires 5-31-92.

FORM 2E NPDES

EPA Facilities Which Do Not Discharge Process Wastewater

I. RECEIVING WATERS

For this outfall, list the latitude and longitude, and name of the receiving water(s).

Outfall Number *(list)*	Latitude			Longitude			Receiving Water *(name)*
	Deg	Min	Sec	Deg	Min	Sec	
001	46.0(	39.0(	28.0(	117.(	25.0(	54.0(	Snake River

II. DISCHARGE DATE *(If a new discharger, the date you expect to begin discharging)*

03/01/1975

III. TYPE OF WASTE

A. Check the box(es) indicating the general type(s) of wastes discharged.

☐ Sanitary Wastes ☐ Restaurant or Cafeteria Wastes ☐ Noncontact Cooling Water ☑ Other Nonprocess Wastewater *(Identify)* See Flow Diagram

B. If any cooling water additives are used, list them here. Briefly describe their composition if this information is available.

NA

IV. EFFLUENT CHARACTERISTICS

A. Existing Sources — Provide measurements for the parameters listed in the left-hand column below, unless waived by the permitting authority *(see instructions)*.

B. New Dischargers — Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority. Instead of the number of measurements taken, provide the source of estimated values *(see instructions)*.

Pollutant or Parameter	(1) Maximum Daily Value *(include units)*		(2) Average Daily Value *(last year)* *(include units)*		(3) Number of Measurements Taken *(last year)*	(or) (4) Source of Estimate *(if new discharger)*
	Mass	Concentration	Mass	Concentration		
Biochemical Oxygen Demand (BOD)	0.0 lbs/day	<2 mg/L	0.0 lbs/day	<2 mg/L	1.00	
Total Suspended Solids (TSS)	48.0 lbs/day	2.0 mg/L	18.2 lbs/day	2.0 mg/L	1.00	
Fecal Coliform *(if believed present or if sanitary waste is discharged)*	NA	NA	NA	NA	0.00	
Total Residual Chlorine *(if chlorine is used)*	0.0 lbs/day	<0.05 mg/L	0.0 lbs/day	<0.05 mg/L	1.00	
Oil and Grease	31.2 lbs/day	1.3 mg/L	11.8 lbs/day	1.3 mg/L	1.00	
*Chemical oxygen demand (COD)	142.7lbs/day	5.94 mg/L	54.1 lbs/day	5.94 mg/L	1.00	
*Total organic carbon (TOC)	50.7 lbs/day	2.11 mg/L	19.2 lbs/day	2.11 mg/L	1.00	
Ammonia *(as N)*	3.94 lbs/day	0.164 mg/L	1.49 lbs/day	0.164 mg/L	1.00	
Discharge Flow	Value 2000 GPM		1.09 MGD		0.00	
pH *(give range)*	Value 7.00-8.00				1.00	
Temperature *(Winter)*		°C		°C	0.00	
Temperature *(Summer)*	18.60 °C			°C	1.00	

*If noncontact cooling water is discharged

V. Except for leaks or spills, will the discharge described in this form be intermittent or seasonal? ☑ Yes ☐ No

If yes, briefly describe the frequency of flow and duration.

Outfall 001 is the drainage sump. It runs on average 9.1hrs/day, two pumps, 1 lead, 1 lag. Both pumps are rated at 2000 GPM

VI. TREATMENT SYSTEM *(Describe briefly any treatment system(s) used or to be used)*

A belt skimmer is installed in the drainage sump. Whenever there is a presence of hydrocarbons, the skimmer automatically starts. Any hydrocarbon collected is then routed to an oil-water separator.

VII. OTHER INFORMATION *(Optional)*

Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations. Attach additional sheets, if necessary.

Please see attached sheet for additional information.

VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. Name & Official Title	B. Phone No. *(area code & no.)*
LTC Timothy R. Vail District Commander	(509) 527-7700
C. Signature	D. Date Signed

Please print or type in the unshaded areas only.

EPA ID Number (copy from Item 1 of Form 1)

Form Approved. OMB No. 2040-0086. Approval expires 5-31-92.

FORM 2E NPDES

EPA Facilities Which Do Not Discharge Process Wastewater

I. RECEIVING WATERS

For this outfall, list the latitude and longitude, and name of the receiving water(s).

Outfall Number (list)	Latitude			Longitude			Receiving Water (name)
	Deg	Min	Sec	Deg	Min	Sec	
002	46.0(	39.0(	28.0(	117.(	25.0(	54.0(	Snake River

II. DISCHARGE DATE (If a new discharger, the date you expect to begin discharging)

03/01/1975

III. TYPE OF WASTE

A. Check the box(es) indicating the general type(s) of wastes discharged.

☐ Sanitary Wastes ☐ Restaurant or Cafeteria Wastes ☐ Noncontact Cooling Water ☑ Other Nonprocess Wastewater (Identify) See Flow Diagram

B. If any cooling water additives are used, list them here. Briefly describe their composition if this information is available.

NA

IV. EFFLUENT CHARACTERISTICS

A. **Existing Sources** — Provide measurements for the parameters listed in the left-hand column below, unless waived by the permitting authority (see instructions).

B. **New Dischargers** — Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority. Instead of the number of measurements taken, provide the source of estimated values (see instructions).

Pollutant or Parameter	(1) Maximum Daily Value (include units)		(2) Average Daily Value (last year) (include units)		(3)	(or)	(4)
	Mass	Concentration	Mass	Concentration	Number of Measurements Taken (last year)		Source of Estimate (if new discharger)
Biochemical Oxygen Demand (BOD)	0.0 lbs/day	<2 mg/L	0.0 lbs/day	<2 mg/L	1.00		
Total Suspended Solids (TSS)	180.1lbs/da	2.0 mg/L	18.8 lbs/day	2.0 mg/L	1.00		
Fecal Coliform (if believed present or if sanitary waste is discharged)	NA	NA	NA	NA	0.00		
Total Residual Chlorine (if chlorine is used)	0.0 lbs/day	<0.05 mg/L	0.0 lbs/day	<0.05 mg/L	1.00		
Oil and Grease	0.0 lbs/day	<1 mg/L	0.0 lbs/day	<1 mg/L	1.00		
*Chemical oxygen demand (COD)	0.0 lbs/day	<5 mg/L	0.0 lbs/day	<5 mg/L	1.00		
*Total organic carbon (TOC)	100.0lbs/day	1.11 mg/L	10.4 lbs/day	1.11 mg/L	1.00		
Ammonia (as N)	5.79 lbs/day	0.064 mg/L	0.60 lbs/day	0.064 mg/L	1.00		
Discharge Flow	Value 7500 gpm		1.13 MGD		0.00		
pH (give range)	Value 7.00-8.00				1.00		
Temperature (Winter)	°C		°C		0.00		
Temperature (Summer)	16.60 °C		°C		1.00		

*If noncontact cooling water is discharged

V. Except for leaks or spills, will the discharge described in this form be intermittent or seasonal?

If yes, briefly describe the frequency of flow and duration.

☑ Yes ☐ No

Outfall 002 is the unwatering sump. It runs on average 2.5hrs/day, two pumps, 1 lead, 1 lag. Both pumps are rated at 7500 gallons per minute.

VI. TREATMENT SYSTEM *(Describe briefly any treatment system(s) used or to be used)*

NA

VII. OTHER INFORMATION *(Optional)*

Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations. Attach additional sheets, if necessary.

These pumps run when a unit is unwatered. A 24 hour composite was not possible at this outfall. A grab sample was taken instead of a composite sample.

VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. Name & Official Title	B. Phone No. *(area code & no.)*
LTC Timothy R. Vail District Commander	(509) 527-7700
C. Signature	D. Date Signed

Please print or type in the unshaded areas only.

EPA ID Number (copy from Item 1 of Form 1)

Form Approved. OMB No. 2040-0086. Approval expires 5-31-92.

FORM 2E NPDES

EPA Facilities Which Do Not Discharge Process Wastewater

I. RECEIVING WATERS

For this outfall, list the latitude and longitude, and name of the receiving water(s).

Outfall Number *(list)*	Latitude			Longitude			Receiving Water *(name)*
	Deg	Min	Sec	Deg	Min	Sec	
003	46.0(	39.0(	28.0(	117.(	25.0(	54.0(	Snake River

II. DISCHARGE DATE *(If a new discharger, the date you expect to begin discharging)*

03/01/1975

III. TYPE OF WASTE

A. Check the box(es) indicating the general type(s) of wastes discharged.

☐ Sanitary Wastes ☐ Restaurant or Cafeteria Wastes ☑ Noncontact Cooling Water ☐ Other Nonprocess Wastewater *(Identify)*

B. If any cooling water additives are used, list them here. Briefly describe their composition if this information is available.

NA

IV. EFFLUENT CHARACTERISTICS

A. Existing Sources — Provide measurements for the parameters listed in the left-hand column below, unless waived by the permitting authority *(see instructions)*.

B. New Dischargers — Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority. Instead of the number of measurements taken, provide the source of estimated values *(see instructions)*.

Pollutant or Parameter	(1) Maximum Daily Value *(include units)*		(2) Average Daily Value *(last year)* *(include units)*		(3) Number of Measurements Taken *(last year)*	(or) (4) Source of Estimate *(if new discharger)*
	Mass	Concentration	Mass	Concentration		
Biochemical Oxygen Demand (BOD)						
Total Suspended Solids (TSS)						
Fecal Coliform *(if believed present or if sanitary waste is discharged)*						
Total Residual Chlorine *(if chlorine is used)*						
Oil and Grease						
*Chemical oxygen demand (COD)						
*Total organic carbon (TOC)						
Ammonia *(as N)*						
Discharge Flow	Value 2200 GPM		3.168 MGD		0.00	
pH *(give range)*	Value					
Temperature *(Winter)*		°C		°C		
Temperature *(Summer)*		°C		°C		

*If noncontact cooling water is discharged

V. Except for leaks or spills, will the discharge described in this form be intermittent or seasonal?
If yes, briefly describe the frequency of flow and duration.

☑ Yes ☐ No

Outfall 003 is for the non-contact cooling water for Main Unit #1.

This is a constant flow when unit is running.

VI. TREATMENT SYSTEM *(Describe briefly any treatment system(s) used or to be used)*

NA

VII. OTHER INFORMATION *(Optional)*

Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations. Attach additional sheets, if necessary.

Main unit 1 was not running at time of sampling.

Outfalls 003-008 are substantially identical discharges of non-contact cooling water from each main unit.

VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. Name & Official Title	B. Phone No. *(area code & no.)*
LTC Timothy R. Vail District Commander	(509) 527-7700
C. Signature	D. Date Signed

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FORM 2E NPDES

EPA Facilities Which Do Not Discharge Process Wastewater

I. RECEIVING WATERS

For this outfall, list the latitude and longitude, and name of the receiving water(s).

Outfall Number *(list)*	Latitude			Longitude			Receiving Water *(name)*
	Deg	Min	Sec	Deg	Min	Sec	
003	46.0(	39.0(	28.0(	117.(	25.0(	54.0(	Snake River

II. DISCHARGE DATE *(If a new discharger, the date you expect to begin discharging)*

03/01/1975

III. TYPE OF WASTE

A. Check the box(es) indicating the general type(s) of wastes discharged.

☐ Sanitary Wastes ☐ Restaurant or Cafeteria Wastes ☑ Noncontact Cooling Water ☐ Other Nonprocess Wastewater *(Identify)*

B. If any cooling water additives are used, list them here. Briefly describe their composition if this information is available.

NA

IV. EFFLUENT CHARACTERISTICS

A. Existing Sources — Provide measurements for the parameters listed in the left-hand column below, unless waived by the permitting authority *(see instructions)*.

B. New Dischargers — Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority. Instead of the number of measurements taken, provide the source of estimated values *(see instructions)*.

Pollutant or Parameter	(1) Maximum Daily Value *(include units)*		(2) Average Daily Value *(last year)* *(include units)*		(3) Number of Measurements Taken *(last year)*	(or) (4) Source of Estimate *(if new discharger)*
	Mass	Concentration	Mass	Concentration		
Biochemical Oxygen Demand (BOD)	0.0 lbs/day	<2 mg/L	0.0 lbs/day	<2 mg/L	1.00	
Total Suspended Solids (TSS)	1.3 lbs/day	2.0 mg/L	0.0021bs/day	2.0 mg/L	1.00	
Fecal Coliform *(if believed present or if sanitary waste is discharged)*	NA	NA	NA	NA	0.00	
Total Residual Chlorine *(if chlorine is used)*	0.0 lbs/day	<0.05 mg/L	0.0 lbs/day	<0.05 mg/L	1.00	
Oil and Grease	0.0 lbs/day	<1 mg/L	0.0 lbs/day	<1 mg/L	1.00	
*Chemical oxygen demand (COD)	4.99 lbs/day	7.55 mg/L	0.0071bs/day	7.55 mg/L	1.00	
*Total organic carbon (TOC)	1.14 lbs/day	1.72 mg/L	0.0021bs/day	1.72 mg/L	1.00	
Ammonia *(as N)*	0.07 lbs/day	0.111 mg/L	.00011bs/day	0.111 mg/L	1.00	
Discharge Flow	Value 55 gpm		0.00011 MGD		0.00	
pH *(give range)*	Value 7.00-8.00				1.00	
Temperature *(Winter)*		°C		°C	0.00	
Temperature *(Summer)*	33.60 °C			°C	1.00	

*If noncontact cooling water is discharged

V. Except for leaks or spills, will the discharge described in this form be intermittent or seasonal? ☑ Yes ☐ No

If yes, briefly describe the frequency of flow and duration.

River water is used to cool emergency diesel generator. On average it is run for 1 hour each month.

VI. TREATMENT SYSTEM *(Describe briefly any treatment system(s) used or to be used)*

NA

VII. OTHER INFORMATION *(Optional)*

Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations. Attach additional sheets, if necessary.

The discharge from the emergency diesel generator is into the the non-contact cooling water discharge for MU #1, outfall 003. There was not a way to sample 003 with the combined flow so outfalls 003 and 009 were sampled separately.

VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. Name & Official Title	B. Phone No. *(area code & no.)*
LTC Timothy R. Vail District Commander	(509) 527-7700
C. Signature	D. Date Signed

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EPA ID Number (copy from Item 1 of Form 1)

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FORM 2E NPDES

EPA Facilities Which Do Not Discharge Process Wastewater

I. RECEIVING WATERS

For this outfall, list the latitude and longitude, and name of the receiving water(s).

Outfall Number *(list)*	Latitude			Longitude			Receiving Water *(name)*
	Deg	Min	Sec	Deg	Min	Sec	
004	46.0(	39.0(	28.0(	117.(	25.0(	54.0(	Snake River

II. DISCHARGE DATE *(If a new discharger, the date you expect to begin discharging)*

03/01/1975

III. TYPE OF WASTE

A. Check the box(es) indicating the general type(s) of wastes discharged.

☐ Sanitary Wastes ☐ Restaurant or Cafeteria Wastes ☑ Noncontact Cooling Water ☐ Other Nonprocess Wastewater *(Identify)*

B. If any cooling water additives are used, list them here. Briefly describe their composition if this information is available.

NA

IV. EFFLUENT CHARACTERISTICS

A. Existing Sources — Provide measurements for the parameters listed in the left-hand column below, unless waived by the permitting authority *(see instructions)*.

B. New Dischargers — Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority. Instead of the number of measurements taken, provide the source of estimated values *(see instructions)*.

Pollutant or Parameter	(1) Maximum Daily Value *(include units)*		(2) Average Daily Value *(last year)* *(include units)*		(3) Number of Measurements Taken *(last year)*	(or) (4) Source of Estimate *(if new discharger)*
	Mass	Concentration	Mass	Concentration		
Biochemical Oxygen Demand (BOD)	141.8lbs/day	9.84 mg/L	141.8lbs/day	9.84 mg/L	1.00	
Total Suspended Solids (TSS)	72.1 lbs/day	5.0 mg/L	72.1 lbs/day	5.0 mg/L	1.00	
Fecal Coliform *(if believed present or if sanitary waste is discharged)*	NA	NA	NA	NA	0.00	
Total Residual Chlorine *(if chlorine is used)*	0.0 lbs/day	<0.05 mg/L	0.0 lbs/day	<0.05 mg/L	1.00	
Oil and Grease	0.0 lbs/day	<1 mg/L	0.0 lbs/day	<1 mg/L	1.00	
*Chemical oxygen demand (COD)	292.6lbs/day	20.3 mg/L	292.6lbs/day	20.3 mg/L	1.00	
*Total organic carbon (TOC)	65.6 lbs/day	4.55 mg/L	65.6 lbs/day	4.55 mg/L	1.00	
Ammonia *(as N)*	2.44 lbs/day	0.169 mg/L	2.44 lbs/day	0.169 mgL	1.00	
Discharge Flow	Value 1200 gpm		1.73 MGD		0.00	
pH *(give range)*	Value 7.00-8.00				1.00	
Temperature *(Winter)*		°C		°C	0.00	
Temperature *(Summer)*	22.60 °C			°C	1.00	

*If noncontact cooling water is discharged

V. Except for leaks or spills, will the discharge described in this form be intermittent or seasonal? ☑ Yes ☐ No

If yes, briefly describe the frequency of flow and duration.

Outfall 004 is for the non-contact cooling water for Main Unit #2.

This is a constant flow when unit is running.

VI. TREATMENT SYSTEM *(Describe briefly any treatment system(s) used or to be used)*

NA

VII. OTHER INFORMATION *(Optional)*

Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations. Attach additional sheets, if necessary.

NA

VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. Name & Official Title	B. Phone No. *(area code & no.)*
LTC Timothy R. Vail District Commander	(509) 527-7700
C. Signature	D. Date Signed

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FORM 2E NPDES

EPA Facilities Which Do Not Discharge Process Wastewater

I. RECEIVING WATERS

For this outfall, list the latitude and longitude, and name of the receiving water(s).

Outfall Number *(list)*	Latitude			Longitude			Receiving Water *(name)*
	Deg	Min	Sec	Deg	Min	Sec	
005	46.0(	39.0(	29.0(	117.(	25.0(	52.0(	Snake River

II. DISCHARGE DATE *(If a new discharger, the date you expect to begin discharging)*

03/01/1975

III. TYPE OF WASTE

A. Check the box(es) indicating the general type(s) of wastes discharged.

☐ Sanitary Wastes ☐ Restaurant or Cafeteria Wastes ☑ Noncontact Cooling Water ☐ Other Nonprocess Wastewater *(Identify)*

B. If any cooling water additives are used, list them here. Briefly describe their composition if this information is available.

NA

IV. EFFLUENT CHARACTERISTICS

A. Existing Sources — Provide measurements for the parameters listed in the left-hand column below, unless waived by the permitting authority *(see instructions)*.

B. New Dischargers — Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority. Instead of the number of measurements taken, provide the source of estimated values *(see instructions)*.

Pollutant or Parameter	(1) Maximum Daily Value *(include units)*		(2) Average Daily Value *(last year)* *(include units)*		(3) Number of Measurements Taken *(last year)*	(or) (4) Source of Estimate *(if new discharger)*
	Mass	Concentration	Mass	Concentration		
Biochemical Oxygen Demand (BOD)	83.0 lbs/day	5.76 mg/L	83.0 lbs/day	5.76 mg/L	1.00	
Total Suspended Solids (TSS)	28.82lbs/day	2 mg/L	28.82lbs/day	2 mg/L	1.00	
Fecal Coliform *(if believed present or if sanitary waste is discharged)*	NA	NA	NA	NA	0.00	
Total Residual Chlorine *(if chlorine is used)*	0.0 lbs/day	<0.05 mg/L	0.0 lbs/day	<0.05 mg/L	1.00	
Oil and Grease	0.0 lbs/day	<1 mg/L	0.0 lbs/day	<1 mg/L	1.00	
*Chemical oxygen demand (COD)	206.11bs/day	14.3 mg/L	206.11bs/day	14.3 mg/L	1.00	
*Total organic carbon (TOC)	48.13lbs/day	3.34 mg/L	48.13lbs/day	3.34 mg/L	1.00	
Ammonia *(as N)*	1.71 lbs/day	0.119 mg/L	1.71 lbs/day	0.119 mg/L	1.00	
Discharge Flow	Value 1200 gpm		1.73 MGD		0.00	
pH *(give range)*	Value 7.00-8.00				1.00	
Temperature *(Winter)*		°C		°C	0.00	
Temperature *(Summer)*	23.60 °C			°C	1.00	

*If noncontact cooling water is discharged

V. Except for leaks or spills, will the discharge described in this form be intermittent or seasonal? ☑ Yes ☐ No

If yes, briefly describe the frequency of flow and duration.

Outfall 005 is for the non-contact cooling water for Main Unit #3.

This is a constant flow when unit is runnig.

VI. TREATMENT SYSTEM *(Describe briefly any treatment system(s) used or to be used)*

NA

VII. OTHER INFORMATION *(Optional)*

Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations. Attach additional sheets, if necessary.

NA

VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. Name & Official Title	B. Phone No. *(area code & no.)*
LTC Timothy R. Vail District Commander	(509) 527-7700
C. Signature	D. Date Signed

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FORM 2E NPDES

EPA Facilities Which Do Not Discharge Process Wastewater

I. RECEIVING WATERS

For this outfall, list the latitude and longitude, and name of the receiving water(s).

Outfall Number *(list)*	Latitude			Longitude			Receiving Water *(name)*
	Deg	Min	Sec	Deg	Min	Sec	
006	46.0(	39.0(	30.0(	117.(	25.0(	51.0(	Snake River

II. DISCHARGE DATE *(If a new discharger, the date you expect to begin discharging)*

03/01/1975

III. TYPE OF WASTE

A. Check the box(es) indicating the general type(s) of wastes discharged.

☐ Sanitary Wastes ☐ Restaurant or Cafeteria Wastes ☑ Noncontact Cooling Water ☐ Other Nonprocess Wastewater *(Identify)*

B. If any cooling water additives are used, list them here. Briefly describe their composition if this information is available.

NA

IV. EFFLUENT CHARACTERISTICS

A. Existing Sources — Provide measurements for the parameters listed in the left-hand column below, unless waived by the permitting authority *(see instructions)*.

B. New Dischargers — Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority. Instead of the number of measurements taken, provide the source of estimated values *(see instructions)*.

Pollutant or Parameter	(1) Maximum Daily Value *(include units)*		(2) Average Daily Value *(last year)* *(include units)*		(3) Number of Measurements Taken *(last year)*	(or) (4) Source of Estimate *(if new discharger)*
	Mass	Concentration	Mass	Concentration		
Biochemical Oxygen Demand (BOD)						
Total Suspended Solids (TSS)						
Fecal Coliform *(if believed present or if sanitary waste is discharged)*						
Total Residual Chlorine *(if chlorine is used)*						
Oil and Grease						
*Chemical oxygen demand (COD)						
*Total organic carbon (TOC)						
Ammonia *(as N)*						
Discharge Flow	Value 1200 GPM		1.728 MGD		0.00	
pH *(give range)*	Value					
Temperature *(Winter)*		°C		°C		
Temperature *(Summer)*		°C		°C		

*If noncontact cooling water is discharged

V. Except for leaks or spills, will the discharge described in this form be intermittent or seasonal? ☑ Yes ☐ No

If yes, briefly describe the frequency of flow and duration.

Outfall 006 is for the non-contact cooling water for Main Unit #4.

This is a constant flow when unit is running.

VI. TREATMENT SYSTEM *(Describe briefly any treatment system(s) used or to be used)*

NA

VII. OTHER INFORMATION *(Optional)*

Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations. Attach additional sheets, if necessary.

Main unit #4 was not running at time of sampling.

VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. Name & Official Title	B. Phone No. *(area code & no.)*
LTC Timothy R. Vail District Commander	(509) 527-7700
C. Signature	D. Date Signed

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FORM 2E NPDES

EPA Facilities Which Do Not Discharge Process Wastewater

I. RECEIVING WATERS

For this outfall, list the latitude and longitude, and name of the receiving water(s).

Outfall Number *(list)*	Latitude			Longitude			Receiving Water *(name)*
	Deg	Min	Sec	Deg	Min	Sec	
007	46.0(	39.0(	31.0(	117.(	25.0(	51.0(	Snake River

II. DISCHARGE DATE *(If a new discharger, the date you expect to begin discharging)*

03/01/1975

III. TYPE OF WASTE

A. Check the box(es) indicating the general type(s) of wastes discharged.

☐ Sanitary Wastes ☐ Restaurant or Cafeteria Wastes ☑ Noncontact Cooling Water ☐ Other Nonprocess Wastewater *(Identify)*

B. If any cooling water additives are used, list them here. Briefly describe their composition if this information is available.

NA

IV. EFFLUENT CHARACTERISTICS

A. Existing Sources — Provide measurements for the parameters listed in the left-hand column below, unless waived by the permitting authority *(see instructions)*.

B. New Dischargers — Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority. Instead of the number of measurements taken, provide the source of estimated values *(see instructions)*.

Pollutant or Parameter	(1) Maximum Daily Value *(include units)*		(2) Average Daily Value *(last year)* *(include units)*		*(3)* Number of Measurements Taken *(last year)*	*(or)* *(4)* Source of Estimate *(if new discharger)*
	Mass	Concentration	Mass	Concentration		
Biochemical Oxygen Demand (BOD)						
Total Suspended Solids (TSS)						
Fecal Coliform *(if believed present or if sanitary waste is discharged)*						
Total Residual Chlorine *(if chlorine is used)*						
Oil and Grease						
*Chemical oxygen demand (COD)						
*Total organic carbon (TOC)						
Ammonia *(as N)*						
Discharge Flow	Value 1200 GPM		1.728 MGD		0.00	
pH *(give range)*	Value					
Temperature *(Winter)*		°C		°C		
Temperature *(Summer)*		°C		°C		

*If noncontact cooling water is discharged

V. Except for leaks or spills, will the discharge described in this form be intermittent or seasonal? ☑ Yes ☐ No

If yes, briefly describe the frequency of flow and duration.

Outfall 007 is for the non-contact cooling water for Main Unit #5.

This is a constant flow when unit is running.

VI. TREATMENT SYSTEM *(Describe briefly any treatment system(s) used or to be used)*

NA

VII. OTHER INFORMATION *(Optional)*

Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations. Attach additional sheets, if necessary.

Main unit #5 was not running at time of sampling.

VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. Name & Official Title	B. Phone No. *(area code & no.)*
LTC Timothy R. Vail District Commander	(509) 527-7700
C. Signature	D. Date Signed

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FORM 2E NPDES

EPA Facilities Which Do Not Discharge Process Wastewater

I. RECEIVING WATERS

For this outfall, list the latitude and longitude, and name of the receiving water(s).

Outfall Number *(list)*	Latitude			Longitude			Receiving Water *(name)*
	Deg	Min	Sec	Deg	Min	Sec	
008	46.0(	39.0(	32.0(	117.(	25.0(	51.0(	Snake River

II. DISCHARGE DATE *(If a new discharger, the date you expect to begin discharging)*

03/01/1975

III. TYPE OF WASTE

A. Check the box(es) indicating the general type(s) of wastes discharged.

☐ Sanitary Wastes ☐ Restaurant or Cafeteria Wastes ☑ Noncontact Cooling Water ☐ Other Nonprocess Wastewater *(Identify)*

B. If any cooling water additives are used, list them here. Briefly describe their composition if this information is available.

NA

IV. EFFLUENT CHARACTERISTICS

A. Existing Sources — Provide measurements for the parameters listed in the left-hand column below, unless waived by the permitting authority *(see instructions)*.

B. New Dischargers — Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority. Instead of the number of measurements taken, provide the source of estimated values *(see instructions)*.

Pollutant or Parameter	(1) Maximum Daily Value *(include units)*		(2) Average Daily Value *(last year)* *(include units)*		*(3)*	*(or)*	*(4)*
	Mass	Concentration	Mass	Concentration	Number of Measurements Taken *(last year)*		Source of Estimate *(if new discharger)*
Biochemical Oxygen Demand (BOD)							
Total Suspended Solids (TSS)							
Fecal Coliform *(if believed present or if sanitary waste is discharged)*							
Total Residual Chlorine *(if chlorine is used)*							
Oil and Grease							
*Chemical oxygen demand (COD)							
*Total organic carbon (TOC)							
Ammonia *(as N)*							
Discharge Flow	Value 1200 GPM		1.728 MGD		0.00		
pH *(give range)*	Value						
Temperature *(Winter)*		°C		°C			
Temperature *(Summer)*		°C		°C			

*If noncontact cooling water is discharged

V. Except for leaks or spills, will the discharge described in this form be intermittent or seasonal? ☑ Yes ☐ No

If yes, briefly describe the frequency of flow and duration.

Outfall 008 is for the non-contact cooling water for Main Unit #6.

This is a constant flow when unit is running.

VI. TREATMENT SYSTEM *(Describe briefly any treatment system(s) used or to be used)*

NA

VII. OTHER INFORMATION *(Optional)*

Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations. Attach additional sheets, if necessary.

Main Unit #6 was not running at time of sampling.

VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. Name & Official Title	B. Phone No. *(area code & no.)*
LTC Timothy R. Vail District Commander	(509) 527-7700
C. Signature	D. Date Signed

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EPA ID Number (copy from Item 1 of Form 1)

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FORM 2E NPDES

EPA Facilities Which Do Not Discharge Process Wastewater

I. RECEIVING WATERS

For this outfall, list the latitude and longitude, and name of the receiving water(s).

Outfall Number *(list)*	Latitude			Longitude			Receiving Water *(name)*
	Deg	Min	Sec	Deg	Min	Sec	
009	46.0(	39.0(	28.0(	117.(	25.0(	54.0(	Snake River

II. DISCHARGE DATE *(If a new discharger, the date you expect to begin discharging)*

03/01/1975

III. TYPE OF WASTE

A. Check the box(es) indicating the general type(s) of wastes discharged.

☐ Sanitary Wastes ☐ Restaurant or Cafeteria Wastes ☑ Noncontact Cooling Water ☐ Other Nonprocess Wastewater *(Identify)*

B. If any cooling water additives are used, list them here. Briefly describe their composition if this information is available.

NA

IV. EFFLUENT CHARACTERISTICS

A. Existing Sources — Provide measurements for the parameters listed in the left-hand column below, unless waived by the permitting authority *(see instructions)*.

B. New Dischargers — Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority. Instead of the number of measurements taken, provide the source of estimated values *(see instructions)*.

Pollutant or Parameter	(1) Maximum Daily Value *(include units)*		(2) Average Daily Value *(last year)* *(include units)*		(3) Number of Measurements Taken *(last year)*	*(or)* (4) Source of Estimate *(if new discharger)*
	Mass	Concentration	Mass	Concentration		
Biochemical Oxygen Demand (BOD)	75.3 lbs/day	5.4 mg/L	75.3 lbs/day	5.4 mg/L	1.00	
Total Suspended Solids (TSS)	13.9 lbs/day	1.0 mg/L	13.9 lbs/day	1.0 mg/L	1.00	
Fecal Coliform *(if believed present or if sanitary waste is discharged)*	NA	NA	NA	Na	0.00	
Total Residual Chlorine *(if chlorine is used)*	0.0 lbs/day	<0.05 mg/L	0.0 lbs/day	<0.05 mg/L	1.00	
Oil and Grease	0.0 lbs/day	<1 mg/L	0.0 lbs/day	<1 mg/L	1.00	
*Chemical oxygen demand (COD)	177.1lbs/day	12.7 mg/L	177.1lbs/day	12.7 mg/L	1.00	
*Total organic carbon (TOC)	42.94lbs/day	3.08 mg/L	42.94lbs/day	3.08 mg/L	1.00	
Ammonia *(as N)*	1.39 lbs/day	0.10 mg/L	1.39 lbs/day	0.10 mg/L	1.00	
Discharge Flow	Value 1161 GPM		1.67184 MGD		0.00	
pH *(give range)*	Value 7.00-8.00				1.00	
Temperature *(Winter)*	°C		°C		0.00	
Temperature *(Summer)*	21.80 °C		°C		1.00	

*If noncontact cooling water is discharged

V. Except for leaks or spills, will the discharge described in this form be intermittent or seasonal? ☑ Yes ☐ No

If yes, briefly describe the frequency of flow and duration.

Outfall 009 is the non-contact cooling water for the heat pumps.

There is a constant flow of river water through the heat pumps.

VI. TREATMENT SYSTEM *(Describe briefly any treatment system(s) used or to be used)*

NA

VII. OTHER INFORMATION *(Optional)*

Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations. Attach additional sheets, if necessary.

NA

VIII. CERTIFICATION

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A. Name & Official Title	B. Phone No. *(area code & no.)*
LTC Timothy R. Vail District Commander	(509) 527-7700
C. Signature	D. Date Signed

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Form Approved. OMB No. 2040-0086. Approval expires 5-31-92.

FORM 2E NPDES

EPA Facilities Which Do Not Discharge Process Wastewater

I. RECEIVING WATERS

For this outfall, list the latitude and longitude, and name of the receiving water(s).

Outfall Number *(list)*	Latitude			Longitude			Receiving Water *(name)*
	Deg	Min	Sec	Deg	Min	Sec	
010	46.0(	39.0(	28.0(	117.(	25.0(	54.0(	Snake River

II. DISCHARGE DATE *(If a new discharger, the date you expect to begin discharging)*

03/01/1975

III. TYPE OF WASTE

A. Check the box(es) indicating the general type(s) of wastes discharged.

☐ Sanitary Wastes ☐ Restaurant or Cafeteria Wastes ☑ Noncontact Cooling Water ☐ Other Nonprocess Wastewater *(Identify)*

B. If any cooling water additives are used, list them here. Briefly describe their composition if this information is available.

NA

IV. EFFLUENT CHARACTERISTICS

A. Existing Sources — Provide measurements for the parameters listed in the left-hand column below, unless waived by the permitting authority *(see instructions)*.

B. New Dischargers — Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority. Instead of the number of measurements taken, provide the source of estimated values *(see instructions)*.

Pollutant or Parameter	(1) Maximum Daily Value *(include units)*		(2) Average Daily Value *(last year)* *(include units)*		(3) Number of Measurements Taken *(last year)*	*(or)* (4) Source of Estimate *(if new discharger)*
	Mass	Concentration	Mass	Concentration		
Biochemical Oxygen Demand (BOD)	30181bs/day	22.4 mg/L	30181bs/day	22.4 mg/L	1.00	
Total Suspended Solids (TSS)	10771bs/day	8.0 mg/L	10771bs/day	8.0 mg/L	1.00	
Fecal Coliform *(if believed present or if sanitary waste is discharged)*	NA	NA	NA	NA	0.00	
Total Residual Chlorine *(if chlorine is used)*	7.68 lbs/day	0.057 mg/L	7.68 lbs/day	0.057 mg/L	1.00	
Oil and Grease	0.0 lbs/day	<1 mg/L	0.0 lbs/day	<1 mg/L	1.00	
*Chemical oxygen demand (COD)	820.61bs/day	6.09 mg/L	820.61bs/day	6.09 mg/L	1.00	
*Total organic carbon (TOC)	353 lbs/day	2.62 mg/L	353 lbs/day	2.62 mg/L	1.00	
Ammonia *(as N)*	30.721bs/day	0.228 mg/L	30.721bs/day	0.228 mg/L	1.00	
Discharge Flow	Value 11220 GPM		16.157 MGD		0.00	
pH *(give range)*	Value 7.00-8.00				1.00	
Temperature *(Winter)*	°C		°C		0.00	
Temperature *(Summer)*	18.80 °C		°C		1.00	

*If noncontact cooling water is discharged

V. Except for leaks or spills, will the discharge described in this form be intermittent or seasonal? ☑ Yes ☐ No

If yes, briefly describe the frequency of flow and duration.

When the adult fish trap is in use, there is a constant flow of river water through the system. Periodically, the holding tanks with MS-222 are drained into this line.

VI. TREATMENT SYSTEM *(Describe briefly any treatment system(s) used or to be used)*

NA

VII. OTHER INFORMATION *(Optional)*

Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations. Attach additional sheets, if necessary.

A grab sample was taken when the holding tank was drained into the 12" line.

VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. Name & Official Title	B. Phone No. *(area code & no.)*
LTC Timothy R. Vail District Commander	(509) 527-7700
C. Signature	D. Date Signed

Please print or type in the unshaded areas only.	EPA ID Number (copy from Item 1 of Form 1)	Form Approved. OMB No. 2040-0086. Approval expires 5-31-92.

FORM 2E NPDES

EPA Facilities Which Do Not Discharge Process Wastewater

I. RECEIVING WATERS

For this outfall, list the latitude and longitude, and name of the receiving water(s).

Outfall Number *(list)*	Latitude			Longitude			Receiving Water *(name)*
	Deg	Min	Sec	Deg	Min	Sec	
011	46.0(	39.0(	32.0(	117.(	25.0(	50.0(	Snake River

II. DISCHARGE DATE *(If a new discharger, the date you expect to begin discharging)*
03/01/1975

III. TYPE OF WASTE

A. Check the box(es) indicating the general type(s) of wastes discharged.

☐ Sanitary Wastes ☐ Restaurant or Cafeteria Wastes ☑ Noncontact Cooling Water ☐ Other Nonprocess Wastewater *(Identify)*

B. If any cooling water additives are used, list them here. Briefly describe their composition if this information is available.
NA

IV. EFFLUENT CHARACTERISTICS

A. Existing Sources — Provide measurements for the parameters listed in the left-hand column below, unless waived by the permitting authority *(see instructions)*.

B. New Dischargers — Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority. Instead of the number of measurements taken, provide the source of estimated values *(see instructions)*.

Pollutant or Parameter	(1) Maximum Daily Value *(include units)*		(2) Average Daily Value *(last year)* *(include units)*		(3) Number of Measurements Taken *(last year)*	(or) (4) Source of Estimate *(if new discharger)*
	Mass	Concentration	Mass	Concentration		
Biochemical Oxygen Demand (BOD)	84.14lbs/day	5.65 mg/L	31.55lbs/day	5.65 mg/L	1.00	
Total Suspended Solids (TSS)	104.2lbs/day	7.0 mg/L	39.1 lbs/day	7.0 mg/L	1.00	
Fecal Coliform *(if believed present or if sanitary waste is discharged)*	NA	NA	NA	NA	0.00	
Total Residual Chlorine *(if chlorine is used)*	0.0 lbs/day	<0.05 mg/L	0.0 lbs/day	<0.05 mg/L	1.00	
Oil and Grease	19.4 lbs/day	1.3 mg/L	7.4 lbs/day	1.3 mg/L	1.00	
*Chemical oxygen demand (COD)	285.9lbs/day	19.2 mg/L	107.2lbs/day	19.2 mg/L	1.00	
*Total organic carbon (TOC)	65.23lbs/day	4.38 mg/L	24.46lbs/day	4.38 mg/L	1.00	
Ammonia *(as N)*	1.94 lbs/day	0.13 mg/L	0.73 lbs/day	0.13 mg/L	1.00	
Discharge Flow	Value 1240 GPM		0.670 MGD		0.00	
pH *(give range)*	Value 7.00-8.00				1.00	
Temperature *(Winter)*	°C		°C		0.00	
Temperature *(Summer)*	18.60 °C		°C		1.00	

*If noncontact cooling water is discharged

V. Except for leaks or spills, will the discharge described in this form be intermittent or seasonal? ☑ Yes ☐ No

If yes, briefly describe the frequency of flow and duration.

Outfall 011 is for the CNO drainage sump discharge.

The pumps are operated on a float switch. Pump #2 is down. Pump #1 runs on average for 3 minutes on and 8 minutes off.

VI. TREATMENT SYSTEM *(Describe briefly any treatment system(s) used or to be used)*

NA

VII. OTHER INFORMATION *(Optional)*

Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations. Attach additional sheets, if necessary.

NA

VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. Name & Official Title	B. Phone No. *(area code & no.)*
LTC Timothy R. Vail District Commander	(509) 527-7700
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FORM 2E NPDES

EPA Facilities Which Do Not Discharge Process Wastewater

I. RECEIVING WATERS

For this outfall, list the latitude and longitude, and name of the receiving water(s).

Outfall Number *(list)*	Latitude			Longitude			Receiving Water *(name)*
	Deg	Min	Sec	Deg	Min	Sec	
012	46.0(	39.0(	37.0(	117.(	26.0(	9.00	Snake River

II. DISCHARGE DATE *(If a new discharger, the date you expect to begin discharging)*
03/01/1975

III. TYPE OF WASTE

A. Check the box(es) indicating the general type(s) of wastes discharged.

☐ Sanitary Wastes ☐ Restaurant or Cafeteria Wastes ☑ Noncontact Cooling Water ☐ Other Nonprocess Wastewater *(Identify)*

B. If any cooling water additives are used, list them here. Briefly describe their composition if this information is available.
NA

IV. EFFLUENT CHARACTERISTICS

A. Existing Sources — Provide measurements for the parameters listed in the left-hand column below, unless waived by the permitting authority *(see instructions)*.

B. New Dischargers — Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority. Instead of the number of measurements taken, provide the source of estimated values *(see instructions)*.

Pollutant or Parameter	(1) Maximum Daily Value *(include units)*		(2) Average Daily Value *(last year)* *(include units)*		(3) Number of Measurements Taken *(last year)*	*(or)* (4) Source of Estimate *(if new discharger)*
	Mass	Concentration	Mass	Concentration		
Biochemical Oxygen Demand (BOD)						
Total Suspended Solids (TSS)						
Fecal Coliform *(if believed present or if sanitary waste is discharged)*						
Total Residual Chlorine *(if chlorine is used)*						
Oil and Grease						
*Chemical oxygen demand (COD)						
*Total organic carbon (TOC)						
Ammonia *(as N)*						
Discharge Flow	Value 10 GPM		0.0144 MGD		0.00	
pH *(give range)*	Value					
Temperature *(Winter)*		°C		°C		
Temperature *(Summer)*		°C		°C		

*If noncontact cooling water is discharged

V. Except for leaks or spills, will the discharge described in this form be intermittent or seasonal? ☑ Yes ☐ No

If yes, briefly describe the frequency of flow and duration.

The connex labratory discharge was down at the time of sampling. MS-222 is discharged when in use.

VI. TREATMENT SYSTEM *(Describe briefly any treatment system(s) used or to be used)*

NA

VII. OTHER INFORMATION *(Optional)*

Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations. Attach additional sheets, if necessary.

MS222 is added to anesthetize juvenile salmon.

VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. Name & Official Title	B. Phone No. *(area code & no.)*
LTC Timothy R. Vail District Commander	(509) 527-7700
C. Signature	D. Date Signed

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FORM 2E NPDES

EPA Facilities Which Do Not Discharge Process Wastewater

I. RECEIVING WATERS

For this outfall, list the latitude and longitude, and name of the receiving water(s).

Outfall Number *(list)*	Latitude			Longitude			Receiving Water *(name)*
	Deg	Min	Sec	Deg	Min	Sec	
013	46.0(	39.0(	39.0(	117.(	26.0(	9.00	Snake River

II. DISCHARGE DATE *(If a new discharger, the date you expect to begin discharging)*

03/01/1975

III. TYPE OF WASTE

A. Check the box(es) indicating the general type(s) of wastes discharged.

☐ Sanitary Wastes ☐ Restaurant or Cafeteria Wastes ☑ Noncontact Cooling Water ☐ Other Nonprocess Wastewater *(Identify)*

B. If any cooling water additives are used, list them here. Briefly describe their composition if this information is available.

NA

IV. EFFLUENT CHARACTERISTICS

A. Existing Sources — Provide measurements for the parameters listed in the left-hand column below, unless waived by the permitting authority *(see instructions)*.

B. New Dischargers — Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority. Instead of the number of measurements taken, provide the source of estimated values *(see instructions)*.

Pollutant or Parameter	(1) Maximum Daily Value *(include units)*		(2) Average Daily Value *(last year)* *(include units)*		*(3)*	*(or)*	*(4)*
	Mass	Concentration	Mass	Concentration	Number of Measurements Taken *(last year)*		Source of Estimate *(if new discharger)*
Biochemical Oxygen Demand (BOD)	16.9 lbs/day	28.1 mg/L	2.1 lbs/day	28.1 mg/L	1.00		
Total Suspended Solids (TSS)	0.0 lbs/day	ND mg/L	0.0 lbs/day	ND mg/L	1.00		
Fecal Coliform *(if believed present or if sanitary waste is discharged)*	NA	NA	NA	NA	0.00		
Total Residual Chlorine *(if chlorine is used)*	0.0 lbs/day	<0.05 mg/L	0.0 lbs/day	<0.05 mg/L	1.00		
Oil and Grease	0.0 lbs/day	<1 mg/L	0.0 lbs/day	<1 mg/L	1.00		
*Chemical oxygen demand (COD)	33.4 lbs/day	55.6 mg/L	4.2 lbs/day	55.6 mg/L	1.00		
*Total organic carbon (TOC)	11.4 lbs/day	18.9 mg/L	1.4 lbs/day	18.9 mg/L	1.00		
Ammonia *(as N)*	0.09 lbs/day	0.155 mg/L	0.01 lbs/day	0.155 mg/L	1.00		
Discharge Flow	Value 50 GPM		0.009 MGD		0.00		
pH *(give range)*	Value 6.50-7.50				1.00		
Temperature *(Winter)*	°C		°C		0.00		
Temperature *(Summer)*	16.60 °C		°C		1.00		

*If noncontact cooling water is discharged

V. Except for leaks or spills, will the discharge described in this form be intermittent or seasonal? ☑ Yes ☐ No

If yes, briefly describe the frequency of flow and duration.

This is a 6" pipe discharging from the juvenile fish facility. This outfall contains MS222 used to anesthetize juvenile salmonids. This outfall operates seasonally from approximatley March through October, for about 3 hours daily.

VI. TREATMENT SYSTEM *(Describe briefly any treatment system(s) used or to be used)*

NA

VII. OTHER INFORMATION *(Optional)*

Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations. Attach additional sheets, if necessary.

A grab sample was taken from the circulating tank.

VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. Name & Official Title	B. Phone No. *(area code & no.)*
LTC Timothy R. Vail District Commander	(509) 527-7700
C. Signature	D. Date Signed

VII. OTHER INFORMATION

Lower Granite Project

Background water samples were taken each of the sampling days. The following results are the high values over the two days:

TEMP °C	pH	BOD mg/L	TSS mg/L	COD mg/L	TOC mg/L	AMMONIA mg/L	OIL/GREASE mg/L	PCB mg/L
24.9	8.42	<2.0	2.0	8.91	1.85	0.107	ND	ND

In addition to the outfalls specifically identified in this permit application Lower Granite Project is addressing the following oil to water interfaces:

- Kaplan Runners. Kaplan runners are part of the turbine that extends into the water in the draft tube. The runner contains turbine oil and can release oil similar to a controlled pitch propeller in vessels. The Project has 6 Kaplan Runners.
- Greased Bushings. Grease is used to lubricate bushings on wicket gates that control the flow of water from the scroll case to the turbine runner and other in-water equipment. During the lubrication process grease is pushed through equipment and can be released directly to the river. The system automatically greases the bushings when the unit is operating per manufacturer's specifications.
- Lubricated Wire Rope. Lubricated wire rope is used throughout the Project over water and in direct contact with water and greased based upon the Project's preventative maintenance schedule.
- In-water equipment. In-water equipment, such as bearings, blocks, trucks, and guides, in or above the water is greased based upon the Project's preventative maintenance schedule.